



LICENSED CONTRACTOR HEATING PERMIT

COMMUNITY SERVICES AGENCY
Inspection Division
100 N. Jefferson St., Rm. 608
Green Bay, WI 54301
(920) 448-3300 - phone
(920) 448-3117 - fax
inspmail@greenbaywi.gov

Project Address: _____

Owner: _____

Heating Contractor: _____

Contractor's Email: _____

Contractor's Phone #: _____ Unit Price: _____ Value of Work: _____

This section for City use only

Project #: _____

Permit Fee: _____

Parcel #: _____

Receipt #: _____

Date: _____

Check all that's applicable:

☐ **FURNACE:** Gas _____ Electric _____ Oil _____ Forced Air _____

☐ **AIR CONDITIONER:** Forced Air _____ Central Air _____

☐ **BOILER:** Steam _____ Hot Water _____ Res _____ Industrial _____ Commercial _____

☐ **SPACE HEATER:** Type _____ Unit _____ Class _____

I hereby make application for a permit for the following described heating work at the above location.

Contractor's Signature: _____ Credential # _____

☐ Check box for Online Payment

The information below shall be provided for notification of project number and permit fee. This information is required to make payment online.

☐ Phone _____ ☐ Fax _____ ☐ Email _____